**Connecticut EMS Advisory Board Legislative Committee**
Proposed Legislative Initiatives 2014 Session
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**January 8, 2014**

**Legislative Initiatives**

Top initiatives for the upcoming session:

- Continuity of patient care (language already drafted)
- MOLST (Language proposed by DPH)
- Easing of body armor restrictions (language already drafted)
- Background checks (language to be developed)
- Authorized EMS vehicle inspection (Language proposed by DPH)
- Forward movement of patient plan/billing for certified providers (Language proposed by DPH)

In progress initiatives:

- Advisory board membership
- Tax free fuel
- Hospital diversion
- Response in hazardous conditions

Monitored items:

- Community paramedicine

**Proposal: Continuity of Patient Care (CEMSAB endorsed: 11/14/12)**

**Rev: 10-11-12**

Purpose: The issue of an oderly transfer of patient care continues to be an ongoing problem for EMS. While providers in most jurisdictions work collaboratively, many continue to experience conflicts regarding the transfer of patient care. These conflicts occur both on scene and subsequent to calls. Reports persist of first response agencies barring transport ambulance crews and paramedics from approaching patients until the first responders have completed their assessments. Other times, response agencies have allegedly prevented EMS providers from accessing patients entrapped in vehicles or other situations despite the EMS providers having received hazard-specific training and wearing appropriate personal protective equipment. Services operating at the emergency technician level have reportedly contradicted paramedic decisions and direction regarding patient destination and/or transport method. Examples include conflict over whether to transport lights and siren, whether to cancel aeromedical transport services in favor of ground transport, and which hospital to transport a given patient to. While the scale of the problem is not easily quantified, the number of anecdotal accounts suggests that it is significant.

The Connecticut General Statutes § 7-313e is most frequently cited in discussions regarding where authority rests regarding EMS patient care decisions. In 1996, the Connecticut Department of Public Health Office of EMS (OEMS) Section issued guidance regarding authority at the scene EMS incidents. The OEMS opined that C.G.S. § 7-313e grants fire department personnel scene management authority but that the statutes are silent regarding patient management authority. The OEMS further stated that

patient management authority rests with certified EMS responders and that an *orderly transfer of patient care should occur*. While this letter appears reasonable, it has little or no regulatory or statutory authority supporting it and has not resolved the issues previously described.

The following legislative proposal is intended to improve the pre-hospital medical care that patients in Connecticut receive. This proposal provides clear lines of responsibility for patient care that will reduce conflict and confusion, resulting in more timely and appropriate delivery of medical care and transportation. There will be times when it is not appropriate for EMS personnel to enter a scene or access patients due to safety concerns. The proposed language does not and is not5 intended to affect the authority granted by C.G.S. § 7-313e regarding overall scene management and scene safety, but would simply clarify roles regarding medical care responsibilities and the orderly transfer of patients.

**Suggested language:**

New: No person shall hinder or interfere with an emergency medical service provider, when acting within the EMS system, in his or her efforts to provide medical assessment, treatment or transportation, provided that such activity does not pose an undue risk to the emergency medical service provider or other persons.

When multiple emergency medical service providers are present and available to provide necessary prehospital medical assessment and care, the provider authorized to practice at the highest level of state emergency medical service licensure or certification pursuant to section 19a-179d and section 20-206 shall be responsible for patient care decision-making. In cases where the highest level of emergency medical service licensure or certification is held equally by providers from multiple emergency medical service organizations, providers from the organization holding the primary service area responder assignment for that level shall be responsible for patient care decisions. In cases where all providers are functioning at the emergency medical technician or emergency medical responder level, the transporting emergency medical service shall be responsible for patient care decisions. When an EMS provider to whom patient care responsibility will fall upon arrives on scene, EMS providers presently on scene will transfer patient care to this provider in a timely and orderly manner.

## Medical Orders for Life Sustaining Treatment (Concept is CEMSAB endorsed)

**The Committee endorses the language proposed by the Department of Public Health that follows. It will establish a pilot program for the implementation of MOLST.**

**The general statutes are amended by adding the following:**
(NEW) (a) The Commissioner of Public Health may, within available appropriations, establish a pilot program in one or more geographic areas in the state to implement the use of medical orders for life-sustaining treatment by health care providers. For purposes of this section: (1) "Medical order for life-sustaining treatment" means a written medical order by a physician, advanced practice registered nurse, or physician assistant to effectuate a patient's request for life-sustaining treatment; and (2) "health care provider" means any person, corporation, limited liability company, facility or institution operated, owned or licensed by this state to provide health care or professional services, or an officer, employee or agent thereof acting in the course and scope of his or her employment.

(b) The Commissioner of Public Health may establish an advisory group of health care providers to make recommendations concerning the pilot program described in this section. The members of such advisory group may include one or more: (1) Physicians, (2) advanced practice registered nurses, (3) physician assistants, (4) emergency medical service providers, (5) patient advocates, (6) hospital representatives, or (7) long-term care facility representatives.
(c) Prior to commencement of a pilot program pursuant to this section, said commissioner may contact a representative of each health care institution, as defined in section 19a-490 of the general statutes, a representative of each emergency medical service organization, as defined in section 19a-175 of the general statutes, any physician licensed under chapter 370 of the general statutes, any advanced practice registered nurse licensed under chapter 378 of the general statutes, and any physician assistant licensed under chapter 370 of the general statutes in the geographic area in which the commissioner intends to establish the pilot program to request such institution's, organization's, physician's or advanced practice registered nurse's participation in the pilot program. Participation by each institution, organization, physician and advanced practice registered nurse shall be voluntary.
(d) Patient participation in the pilot program shall be voluntary. Any such agreement to participate in the pilot program shall be made in writing, signed by the patient or the patient's legally-authorized representative. Such agreement shall be maintained by the health care institution, emergency medical services organization, physician, advanced practice registered nurse, or physician assistant that presented such agreement to the patient and shall be made available to the commissioner upon request.
(e) Notwithstanding the provisions of sections 19a-495 and 19a-580d of the general statutes, and regulations adopted thereunder, the commissioner may implement policies and procedures for the pilot program to ensure that medical orders for life-sustaining treatment are transferrable among, and recognized by, various health care

## Draft Proposal: Sale of body armor to EMS Personnel (CEMSAB endorsed: 12/12/12)

**Rev: November 16, 2012**

Purpose: Emergency Medical Service (EMS) personnel work in difficult and oftentimes unsafe environments. One 2002 study indicated that physical violence against EMS workers occurs on 4.5% of their responses[1]. Nationally, cases continue to occur where EMS workers are shot while attempting to care for the sick and injured[2345]. The Connecticut Legislature took notice of the very real problem of violence against EMS workers when, in 1990 it revised C.G.S. §53a-167c to classify assaults against emergency medical personnel as class C felonies. While this legal protection may act as a deterrent in some cases of simple assault, it does little to additionally deter individuals from assaulting an EMS worker with a deadly weapon. EMS workers in many locations continue to have concerns that they will make it home alive. Consequently, many have chosen to wear body armor to mitigate the risks of violence against their person.

[1] Prehosp Emerg Care. 2002 Apr-Jun;6(2):186-90
[2] http://www.emsvillage.com/articles/article.cfm?id=2195
[3] http://www.emsworld.com/news/10336232/florida-emt-shot-suspect-escapes
[4] http://gothamist.com/2011/03/03/li_gunman_who_shot_emt_had_weapons.php#photo-1
[5] http://www.ems1.com/ambulances-emergency-vehicles/articles/1340304-Ambulance-shot-at-while-transporting-stabbing-victim/

The "in person" sale of body armor requirement of C.G.S. §53-341b creates an undue barrier to the legitimate acquisition of this protective equipment by EMS personnel in that it effectively prohibits online sales of body armor to Connecticut EMS workers and organizations. The number of brick and mortar sellers of body armor in Connecticut is limited. Online vendors are numerous, are easily accessible, have a broader selection of products and may have more competitive pricing that allows EMS workers on modest salaries and employers on tight budgets to more readily afford this equipment.

EMS personnel are already required to report any criminal convictions in order to obtain licensure or certification. The Connecticut Department of Public Health then reviews these records to determine that the applicant does not pose an undue risk to public health or welfare. This vetting provides a greater safeguard to public safety than the in person sale provision of this statute. Most EMS employers additionally perform pre-employment background screening on all employees.

For these reasons, it is proposed that C.G.S. §53-341b should be amended as follows:

**Sec. 53-341b. Sale or delivery of body armor restricted.** (a) No person, firm or corporation shall sell or deliver body armor to another person unless the transferee meets in person with the transferor to accomplish the sale or delivery.

(b) The provisions of subsection (a) of this section shall not apply to the sale or delivery of body armor to (1) a sworn member or authorized official of an organized local police department, the Division of State Police within the Department of Public Safety, the Division of Criminal Justice, the Department of Correction or the Board of Pardons and Paroles, (2) an authorized official of a municipality or the Department of Administrative Services that purchases body armor on behalf of an organized local police department, the Division of State Police within the Department of Public Safety, the Division of Criminal Justice, the Department of Correction or the Board of Pardons and Paroles, (3) an authorized official of the Judicial Branch who purchases body armor on behalf of a probation officer, **[**or**]** (4) a member of the National Guard or the armed forces reserve, (5) an individual emergency medical service provider actively certified or licensed by the Connecticut Department of Public Health, or (6) an authorized official of an emergency medical service organization actively certified or licensed by the Connecticut Department of Public Health who purchases body armor on behalf of a currently certified or licensed individual emergency medical service provider.

(c) As used in this section, "body armor" means any material designed to be worn on the body and to provide bullet penetration resistance.

(d) Any person, firm or corporation that violates the provisions of this section shall be guilty of a class B misdemeanor.

(P.A. 98-127, S. 2; June Sp. Sess. P.A. 05-3, S. 82; P.A. 06-119, S. 2.)

History: June Sp. Sess. P.A. 05-3 amended Subsec. (b) to exempt a sale or delivery of body armor to a sworn member or authorized official of the Division of Criminal Justice, to an authorized official of a municipality or the Department of Administrative Services who purchases body armor on behalf of the Division of Criminal Justice or to an authorized official of the judicial branch who purchases body armor on behalf of a

probation officer, and to make technical changes, effective July 1, 2005; P.A. 06-119 amended Subsec. (b) to insert Subdiv. designators, exempt in Subdiv. (1) the sale or delivery of body armor to a sworn member or authorized official of Department of Correction or Board of Pardons and Paroles and exempt in Subdiv. (2) the sale or delivery of body armor to an authorized official of Department of Administrative Services that purchases body armor on behalf of Department of Correction or Board of Pardons and Paroles, effective July 1, 2006.

## Inspection of authorized EMS vehicles

**The Committee endorses the language proposed by the Department of Public Health that follows.**

**Proposal Summary**

Currently, authorized EMS vehicles (Ambulances, Non-Transport, and Invalid Coaches) need to be inspected by both the Department of Motor Vehicles and Department of Public Health. The DPH and DMV inspections overlap in content with DMV only inspecting about 5 items that DPH does not. The Department is proposing allowing these ambulances to be inspected by a certified dealer and present this certification to the Department during our inspection. This is the same procedure the fire departments need to follow when their apparatus is inspected. This will relieve the burden of DMV inspections during their busy times and create a more efficient procedure that does not duplicate the inspection process and will allow ambulance companies the convenience of a local inspection which should equate to less time the ambulance spends off line.

**Section 19a-181 of the general statutes is repealed and the following is substituted in lieu thereof:**

(a) Each ambulance, invalid coach, and intermediate or paramedic intercept vehicle [or rescue vehicle] used by an [ambulance or rescue service] emergency medical service organization shall be registered with the Department of Motor Vehicles pursuant to chapter 246. Said Department of Motor Vehicles shall not issue a certificate of registration for any such ambulance, invalid coach, and intermediate or paramedic intercept vehicle [or rescue vehicle] unless the applicant for such certificate of registration presents to said department a safety certificate from the Commissioner of Public Health certifying that said ambulance, invalid coach, and intermediate or paramedic intercept vehicle [or rescue vehicle] has been inspected and has met the minimum standards prescribed by the commissioner. Each vehicle so registered with the Department of Motor Vehicles shall be inspected once every two years thereafter by the Commissioner of Public Health on or before the anniversary date of the issuance of the certificate of registration. Each inspector, upon determining that such ambulance, invalid coach, and intermediate or paramedic intercept vehicle [or rescue vehicle] meets the standards of safety and equipment prescribed by the Commissioner of Public Health, shall affix a safety certificate to such vehicle in such manner and form as the commissioner designates, and such sticker shall be so placed as to be readily visible to any person in the rear compartment of such vehicle.

(b) Such inspection shall be performed by personnel qualified in accordance with the Code of Federal Regulations, Title 49, Parts 396.19 and 396.25, as from time to time amended, and employed by a facility operated by the state of Connecticut, a Connecticut municipality, or a dealer or repair facility that has been issued a license by the Connecticut Department of Motor Vehicles, Dealer and Repairs Division authorizing general repairs and new or used car dealers. The results of such inspection shall be recorded on a report that meets the record keeping requirements as prescribed in the Code of Federal Regulations, Title 49, Part 396.21. 60

(c) Standards and procedures for inspection of an authorized EMS vehicle, as provided in subsection (a) of this section, shall be in accordance with Code of Federal Regulations, Title 49, Part 396.17, as from time to time amended.

[(b)](d) The Department of Motor Vehicles shall suspend or revoke the certificate of registration of any vehicle inspected under the provisions of this section upon certification from the Commissioner of Public Health that such ambulance or rescue vehicle has failed to meet the minimum standards prescribed by said commissioner.

# CFR References (vehicle inspections)

**Inspection, repair, and maintenance**

§ 396.17 Periodic inspection.

(a) Every commercial motor vehicle must be inspected as required by this section. The inspection must include, at a minimum, the parts and accessories set forth in appendix G of this subchapter. The term ***commercial motor vehicle*** includes each vehicle in a combination vehicle. For example, for a tractor semitrailer, full trailer combination, the tractor, semitrailer, and the full trailer (including the converter dolly if so equipped) must each be inspected.

(b) Except as provided in § 396.23 and this paragraph, motor carriers must inspect or cause to be inspected all motor vehicles subject to their control. Intermodal equipment providers must inspect or cause to be inspected intermodal equipment that is interchanged or intended for interchange to motor carriers in intermodal transportation.

(c) A motor carrier must not use a commercial motor vehicle, and an intermodal equipment provider must not tender equipment to a motor carrier for interchange, unless each component identified in appendix G of this subchapter has passed an inspection in accordance with the terms of this section at least once during the preceding 12 months and documentation of such inspection is on the vehicle. The documentation may be:(1) The inspection report prepared in accordance with § 396.21(a), or(2) Other forms of documentation, based on the inspection report (e.g., sticker or decal), which contains the following information:(i) The date of inspection;(ii) Name and address of the motor carrier, intermodal equipment provider, or other entity where the inspection report is maintained;(iii) Information uniquely identifying the vehicle inspected if not clearly marked on the motor vehicle; and(iv) A certification that the vehicle has passed an inspection in accordance with § 396.17.

(d) A motor carrier may perform the required annual inspection for vehicles under the carrier's control which are not subject to an inspection under §396.23(b)(1). An intermodal equipment provider may perform the required annual inspection for intermodal equipment interchanged or intended for interchange to motor carriers that are not subject to an inspection under § 396.23(b)(1).

(e) In lieu of the self-inspection provided for in paragraph (d) of this section, a motor carrier or intermodal equipment provider responsible for the inspection may choose to have a commercial garage, fleet leasing company, truck stop, or other similar commercial business perform the inspection as its agent, provided that business operates and maintains facilities appropriate for commercial vehicle inspections and it employs qualified inspectors, as required by §396.19.

(f) Vehicles passing roadside or periodic inspections performed under the auspices of any State government or equivalent jurisdiction or the FMCSA, meeting the minimum standards contained in appendix G of this subchapter, will be considered to have met the requirements of an annual inspection for a period of 12 months commencing from the last day of the month in which the inspection was performed. If a vehicle is subject to a mandatory State inspection program, as provided in § 396.23(b)(1), a roadside inspection may only be considered equivalent if it complies with the requirements of that program.

(g) It is the responsibility of the motor carrier or intermodal equipment provider to ensure that all parts and accessories on commercial motor vehicles intended for use in interstate commerce for which they are responsible are maintained at, or promptly repaired to, the minimum standards set forth in appendix G to this subchapter.

(h) Failure to perform properly the annual inspection required by this section shall cause the motor carrier or intermodal equipment provider to be subject to the penalty provisions of 49 U.S.C. 521(b).

[73 FR 76825, Dec. 17, 2008]

**Inspection, repair, and maintenance**

§ 396.19 Inspector qualifications.

[73 FR 76825, Dec. 17, 2008]

**Inspection, repair, and maintenance**

§ 396.21 Periodic inspection recordkeeping requirements.

(a) The qualified inspector performing the inspection shall prepare a report that: (1) Identifies the individual performing the inspection; (2) Identifies the motor carrier operating the vehicle or intermodal equipment provider intending to interchange the vehicle to a motor carrier; (3) Identifies the date of the inspection; (4) Identifies the vehicle inspected; (5) Identifies the vehicle components inspected and describes the results of the inspection, including the identification of those components not meeting the minimum standards set forth in appendix G to this subchapter; and (6) Certifies the accuracy and completeness of the inspection as complying with all the requirements of this section.

(b)(1) The original or a copy of the inspection report shall be retained by the motor carrier, intermodal equipment provider, or other entity that is responsible for the inspection for a period of fourteen months from the date of the inspection report. The original or a copy of the inspection report must be retained where the vehicle is either housed or maintained. (2) The original or a copy of the inspection report must be available for inspection upon demand of an authorized Federal, State or local official. (3) ***Exception.*** If the motor carrier operating the commercial motor vehicles did not perform the commercial motor vehicle's last annual inspection, or if an intermodal equipment provider did not itself perform the annual inspection on equipment intended for interchange to a motor carrier, the motor carrier or intermodal equipment provider is responsible for obtaining the original or a copy of the last annual inspection report upon demand of an authorized Federal, State, or local official.

[73 FR 76825, Dec. 17, 2008]

**Inspection, repair, and maintenance**

§ 396.25 Qualifications of brake inspectors.

(a) Motor carriers and intermodal equipment providers must ensure that all inspections, maintenance, repairs or service to the brakes of its commercial motor vehicles, are performed in compliance with the requirements of this section.

(b) For purposes of this section, ***brake inspector*** means any employee of a motor carrier or intermodal equipment provider who is responsible for ensuring that all brake inspections, maintenance, service, or repairs to any commercial motor vehicle, subject to the motor carrier's or intermodal equipment provider's control, meet the applicable Federal standards.

(c) No motor carrier or intermodal equipment provider may require or permit any employee who does not meet the minimum brake inspector qualifications of paragraph (d) of this section to be responsible for the inspection, maintenance, service or repairs of any brakes on its commercial motor vehicles.

(d) The motor carrier or intermodal equipment provider must ensure that each brake inspector is qualified as follows: (1) Understands the brake service or inspection task to be accomplished and can perform that task; and (2) Is knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an assigned brake service or inspection task; and (3) Is capable of performing the assigned brake service or inspection by reason of experience, training, or both as follows: (i) Has successfully completed an apprenticeship program sponsored by a State, a Canadian Province, a Federal agency or a labor union, or a training program approved by a State, Provincial or Federal agency, or has a certificate from a State or Canadian Province that qualifies the person to perform the assigned brake service or inspection task (including passage of Commercial Driver's License air brake tests in the case of a brake inspection); or (ii) Has brake-related training or experience or a combination thereof totaling at least one year. Such training or experience may consist of: (A) Participation in a training program

sponsored by a brake or vehicle manufacturer or similar commercial training program designed to train students in brake maintenance or inspection similar to the assigned brake service or inspection tasks; or (B) Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task in a motor carrier or intermodal equipment provider maintenance program; or (C) Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task at a commercial garage, fleet leasing company, or similar facility.

(e) No motor carrier or intermodal equipment provider may employ any person as a brake inspector unless the evidence of the inspector's qualifications, required under this section, is maintained by the motor carrier or intermodal equipment provider at its principal place of business, or at the location at which the brake inspector is employed. The evidence must be maintained for the period during which the brake inspector is employed in that capacity and for one year thereafter. However, motor carriers and intermodal equipment providers do not have to maintain evidence of qualifications to inspect air brake systems for such inspections performed by persons who have passed the air brake knowledge and skills test for a Commercial Driver's License.

[73 FR 76825, Dec. 17, 2008]

**Draft Proposal: FMOP/Task Force/Strike Team reimbursement (CEMSAB endorsed: 01/09/13)**

**Rev: December 12, 2012**

**NOTE: The Department of Public Health has proposed similar legislation for the 2014 session. The Committee supports their proposed language.**

Purpose: Emergency medical services (EMS) in Connecticut are divided into two categories: Licensed and certified EMS organizations. The Connecticut General Statutes direct the Commissioner of Public Health to establish rates for the conveyance of patients by licensed EMS organizations but, for certified EMS organizations, to establish rates only for emergency transportations. The result of this structure is that certified EMS organizations may transport patients for any reason but may only bill to recover the cost of emergency transports.

Certified EMS organizations represent 54% of the authorized ambulances in Connecticut. Present EMS planning for disasters and severe weather events relies heavily upon these certified EMS organizations to convey non-emergency patients and non-ambulatory persons. Examples have included transport of patients from a hospital being evacuated to nursing homes and other hospitals, from nursing homes being evacuated to other nursing homes and from residences without power or in evacuation areas to shelters.

| | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 |
|---|---|---|---|---|---|
| # Certified EMS Organizations | 13 | 19 | 32 | 47 | 42 |
| # Licensed EMS Organizations | 1 | 3 | 3 | 2 | 2 |
| # Authorized Ambulances for Certified EMS Organizations | 45 | 50 | 73 | 89 | 76 |
| # Authorized Ambulances for Licensed EMS Organizations | 11 | 160 | 53 | 31 | 30 |

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The State Forward Movement of Patients Plan[6] has been developed by the Department of Public Health in cooperation with the Department of Safety and Public Protection's Division of Emergency Management and Homeland Security. This plan is designed to mobilize Connecticut emergency medical service assets to aid areas where local emergency medical services and ordinary mutual aid resources have been overwhelmed or exhausted. To be fully operationalized, this plan does still require additional detail concerning the authority for plan activation, the typing of resources, resource command and control and logistical considerations. It will also be critical for the plan to either distinguish between licensed and certified EMS organizations or to remove differences (those that are imposed by statute and regulation) between these two types of services when functioning within the Plan.

Given these facts and circumstances, the following is proposed for adoption within the Connecticut General Statutes.

**Suggested language:**

*"The Commissioner of Public Health shall develop and implement a plan to mobilize Connecticut emergency medical service assets to aid areas where local emergency medical services and ordinary mutual aid resources have been overwhelmed or exhausted. This plan, at a minimum, will include a pathway for the request of resources, authority for plan activation, the typing of resources, resource command and control and logistical considerations. When authorized by and functioning as part of this plan, emergency rates previously established by the Commissioner of Public Health for a certified emergency medical service organization, shall also apply for the conveyance of patients by that service. Additionally, when authorized by the Commissioner to meet the temporary transportation needs of a specified event,* rates *previously established by the Commissioner of Public Health for a certified emergency medical service organization shall also apply for the conveyance of patients by that service. Each such authorization shall be limited to not more than seven (7) days, except that the Commissioner may reissue any such authorization at the expiration of the previous authorization."* **Amended 1/9/13**

[6] http://www.ct.gov/dph/lib/dph/ems/pdf/state_fmop_plan_v_3_0_0208_web.pdf